The Honorable Terry Gerratana, Senate Chair
The Honorable Susan Johnson, House Chair
Public Health Committee
Legislative Office Building, Room 300
Hartford, CT 06106

Dear Chairwomen Gerratana and Johnson,

The American Heart Association **supports Senate Bill 438, An Act Concerning Certification of Stroke Centers.** The American Heart/Stroke Association (AHA/ASA) is the largest voluntary health organization in the world who is working to build healthier lives, free of cardiovascular disease (CVD) and stroke-the number-one and number-four killers in Connecticut. The AHA supports the concepts raised in S.B. 438 because we believe it will help in building healthier lives in Connecticut.

Stroke is the Nation's, and Connecticut's, No. 4 killer and a leading cause of long-term disability. Each year, almost 800,000 people suffer a stroke. More than 75% of these individuals have never experienced a stroke before, and almost 25% have a recurrent attack. More than 1,400 Connecticut residents die each year from stroke.[i]

Patients often do not recognize the symptoms of stroke and do not arrive at the hospital in a timely manner. Only slightly more than half (58%) of adults are able to recall at least one warning sign for stroke.[ii] African Americans are nearly twice as likely as whites to have a first stroke, but fewer than half (49%) know at least one stroke warning sign.[iii] Stroke survivors are no more likely than people who have not had a stroke to recognize all of its symptoms and to know to call 9-1-1.[iv] On average, patients do not arrive at an Emergency Department until 3-6 hours after having a stroke. An effective system to support stroke survival is needed to increase survival rates and decrease the disabilities associated with stroke.[v]

Since the publication of the 2000 landmark article in the New England Journal of Medicine, hospitals across Connecticut have embraced the recommendations set forth by the Brain Attack Coalition and the American Heart Association/American Stroke Association (AHA/ASA) to develop stroke systems of care to ensure that patients receive the highest standard of stroke treatment and recovery care.

In 2007, The CT Department of Public Health (DPH) developed a voluntary program to designate hospitals as Primary Stroke Centers. While many hospitals in the state sought Primary Stroke Center certification, this new DPH program allowed additional acute care hospitals to implement a standardized stroke system of care at their facilities.

In June of 2013, the DPH announced that due to changes in federal funding, the agency would terminate its state stroke center designation program effective December 31, 2013. As such, there is the potential for hospitals to lose the capability to provide an approved, rapid, systematic approach to acute stroke evaluation, treatment and recovery care. This would directly affect areas in the state that have limited acute stroke care coverage.

Senate Bill 348 creates the regulatory framework for a "stroke systems of care" in Connecticut. A tiered system recognizing certified Acute Stroke Capable, Primary Stroke Centers (PSC) and Comprehensive Stroke Centers (CSC) based on Nationally Recognized Standards including AHA/ASA Guidelines, the Joint Commission certification program and other designations program deemed by the Department of Public

Health will give our residents the best chance to quickly access the appropriate level of stroke care. The coordination between hospitals representing different tiers within a stroke system of care will ensure that patients are rapidly treated and triaged to receive the level of care most appropriate to their condition.

An effective "stroke System care" possess essential components addressing a stroke patient's care from the time stroke symptoms are identified, to the emergency medical services' (EMS) response, to the transport and treatment in the hospital and rehabilitation. These areas include ensuring EMS personnel can quickly assess stroke patients and get them to the hospital with appropriate care within 15-20 minutes, establishing protocols to optimize the transfer of patients between hospitals offering different levels of care and within the different departments of a hospital, requiring the certification of stroke centers that follow treatment guidelines designed to improve patient care and outcomes, and using telemedicine, especially in rural areas, to ensure patients have 24/7 access to consultation and care.[vi]

Implementing such a system will significantly increase the proportion of patients who receive improved stroke care. Studies have shown patients admitted to primary and comprehensive stroke centers were more likely to receive thrombolytic therapy and had lower 30-day mortality rates when compared with patients admitted to non-certified hospitals.[vii]

The American Stroke Association, urges you to support this legislation that will work to improve the quality of care that stroke patients receive by developing and implementing a stroke systems of care, including the use of telemedicine to improve access to needed stroke care. The American Stroke Association is committed to advancing public policies that will allow children and adults with stroke to live longer and fuller lives. We look forward to working with you on this critical legislation.

Sincerely,

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[i] Roger V, et al. Heart Disease and Stroke Statistics -- 2011 Update: A Report From the American Heart Association. Circulation. December 15, 2010
[ii] Ibid.
[iii] American Stroke Assn. African-American Stroke Awareness Survey, 2005.
[iv] Greenlund KJ. Keenan NL. Giles WH Zheng ZJ Neff LJ. Croft JB. Mensah GA. Public recognition of major signs and symptoms of heart attack: seventeen states and the US Virgin Islands 2001. Am Heart J, 2004;147:1010-16.
[v] Centers for Disease Control and Prevention. First-ever county level report on stroke hospitalizations. CDC Press Release. March 28, 2008.
[vi] http://newsroom.heart.org/news/stroke-systems-of-care-essential-to-reducing-deaths-disabilities
[vii] Stroke. 2011 Dec;42(12):3387-97